

1.65, no. 23

SOCIAL SCIENCES

Public Health Reports

VOLUME 65

JUNE 9, 1950

NUMBER 23

IN THIS ISSUE

Hospital Construction Under Hill-Burton Program

Immunization of European Displaced Persons

Communicable Diseases, First Quarter 1950



FEDERAL SECURITY AGENCY

PUBLIC HEALTH SERVICE

FEDERAL SECURITY AGENCY

Oscar R. Ewing, Administrator

PUBLIC HEALTH SERVICE

Leonard A. Scheele, Surgeon General

Division of Public Health Methods

G. St. J. Perrott, Chief of Division

CONTENTS

	Page
Hospital construction under the Hill-Burton program. Analysis of the type, size, and location of projects being built with Federal aid. John W. Cronin, Louis S. Reed, and Helen Hollingsworth.....	743
Immunization of European displaced persons. Ralph Gregg.....	754
Reported incidence of communicable diseases in the United States, first quarter, 1950.....	757
INCIDENCE OF DISEASE	
United States:	
Reports from States for week ended May 20, 1950.....	766
Foreign reports:	
Canada—Provinces—Notifiable diseases—Week ended May 6, 1950..	769
Reports of cholera, plague, smallpox, typhus fever, and yellow fever received during the current week—	
Cholera.....	769
Plague.....	769
Smallpox.....	770
Typhus fever.....	770
Yellow fever.....	770
Deaths during week ended May 20, 1950.....	770

By

Fe

fac

hos

wa

kin

bei

are

two

pul

2

ple

and

wa

wa

age

7

sta

wit

hav

the

soil

of t

stru

be

on

fin

*Ch

Hosp

Public Health Reports

Vol. 65 • JUNE 9, 1950 • No. 23

Hospital Construction Under the Hill-Burton Program

Analysis of the Type, Size, and Location of Projects Being Built with Federal Aid

By JOHN W. CRONIN, M. D., LOUIS S. REED, PH. D., and HELEN HOLLINGSWORTH*

It is now about 3½ years since the Hill-Burton Act providing for Federal aid to the States for the construction of hospitals and related facilities became law. An impressive volume of construction for hospital and health center projects has been approved and is under way. It is timely, therefore, to take stock of the program. What kinds of projects have been approved? What types of facilities are being built? What is the size of hospitals being constructed? Where are the facilities located? What is the distribution of projects between urban and rural communities, high and low income areas, public and nonprofit hospitals?

After the law was enacted it took the States a year or two to complete their State-wide surveys and to develop their plans for hospital and health center construction. The first State plan (Mississippi) was approved in July 1947 and the last (Nevada) in May 1949; it was not until after the State plan had been approved that the State agency could submit construction projects for approval.

There are four stages in the approval of the projects. The first stage—initial approval—involves approval of the project as consistent with the State plan and indicates that certain necessary assurances have been given. The second and third stages include assurance of the availability of the non-Federal portion of the funds, and site and soil investigation. The fourth and final stage involves final approval of the blueprints and specifications and of an acceptable bid for construction. After final Federal approval the construction contract can be let, and actual construction can begin. It takes 10 or 11 months, on the average, for the project to advance from the initial stage to final approval.

*Chief, Division of Hospital Facilities; Chief, Medical Economics Branch, Division of Medical and Hospital Resources; and Health Economist, Division of Medical and Hospital Resources.

The first project received initial approval in September 1947. By the end of 1948, 643 projects with a total estimated construction cost of \$366,229,069 had received either initial or final approval. By the end of 1949, 1,019 projects with a total estimated construction cost of \$668,681,949 had been initially or finally approved. On February 28, 1950, 1,145 projects—calling for a total cost of \$771,086,906—had been initially or finally approved. The first project received final approval in November 1947. A total of 732 projects with construction costs amounting to \$468,949,617 had received final approval by February 28, 1950, and are now completed or under construction. The Federal share of these finally approved projects is \$153,291,952, slightly less than one-third because on some projects the Federal Government participates in only a part of the project. By February 28, 1950, a total of 158 projects had been completed and are now in operation.

The following analysis of approved projects is based on data for projects approved through December 31, 1949. A project may involve the construction of an entire new hospital or an addition to or remodeling of an existing hospital. Of the 1,019 projects initially or finally approved, by that date, 797, or 78.2 percent, are for the construction of general hospitals; 13.8 percent for health centers; 4.6 percent for mental hospitals; 2.6 percent for tuberculosis hospitals; and a little less than 1 percent for chronic disease hospitals. In terms of total construction costs, the distribution is somewhat different, owing largely to the fact that health centers involve relatively low expenditures per project. Of the total construction costs of all projects, the largest share, 85 percent, is for general hospitals; 6 percent is for construction of mental hospitals, 4 percent for tuberculosis hospitals, 3 percent for chronic disease hospitals, and 2 percent for health centers. The distribution of the Federal share of the cost of these projects is roughly the same (table 1).

This pattern—with major part of the money going into general

Table 1. *Distribution of projects, beds added, total construction cost and Federal share by type of facility*
[As of Dec. 31, 1949]

Type	Projects		Beds added		Construction costs			
					Total		Federal share	
	Num- ber	Per- cent	Num- ber	Per- cent	Amount	Per- cent	Amount	Per- cent
Total.....	1,019	100.0	49,645	100.0	\$668,681,949	100.0	\$210,339,128	100.0
General.....	797	78.2	40,312	81.2	569,689,714	85.2	180,084,748	85.6
Mental.....	47	4.6	5,393	10.9	37,758,727	5.6	13,392,713	6.4
Tuberculosis.....	26	2.6	2,797	5.6	29,206,646	4.4	8,657,278	4.1
Chronic.....	8	.8	1,143	2.3	17,680,878	2.6	3,315,442	1.6
Public health centers...	141	13.8			14,446,287	2.2	4,888,947	2.3

hospitals and only small fractions into the other types of facilities—has held quite constant since the beginning of the program, and thus far shows no sign of change. Among the States, however, wide variations appear in the emphasis given to the different types of facilities.

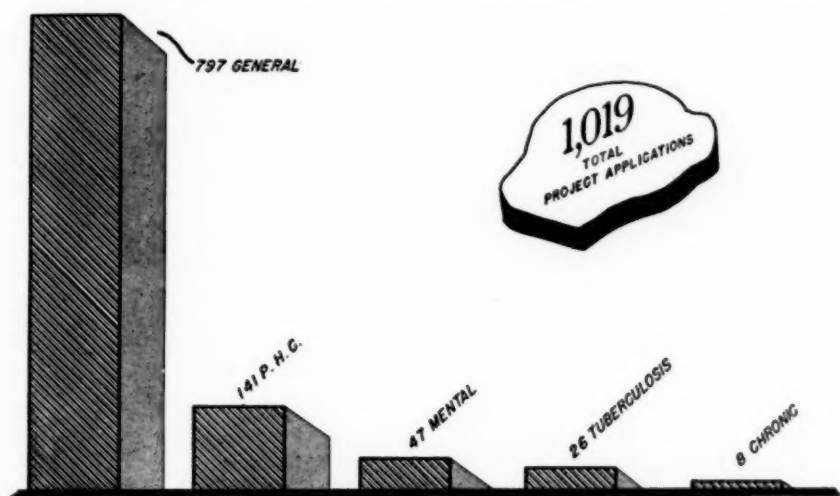


Figure 1. Approved hospital construction project applications, by type of facility, as of December 31, 1949.

Thus far, 19 States have approved only general hospital projects. On the other hand, Puerto Rico has used 43.8 percent of its Federal hospital construction funds to build a tuberculosis hospital, and Louisiana has used 29 percent of its Federal money under the Hill-Burton Act for mental hospitals. South Carolina leads the other States in con-



Figure 2. Estimated construction cost of approved projects, by type of facility, as of December 31, 1949.

struction of health centers; thus far, it has used 8.7 percent of its Federal funds for these facilities.

What is the size of general hospitals being constructed under the program, and in what types of communities are they located? Of the 797 general hospital projects thus far approved for construction, 405, or 50.8 percent, are for completely new hospitals; the remaining projects are for replacement of a hospital building or for additions or alterations to existing hospitals (table 2). Most of the new hospitals being built are small—68 percent of them will have less than 50 beds, and 89 percent will have less than 100 beds. Contrariwise, most of the hospitals to which additions or alterations are being made are medium-sized or large hospitals; only 45 percent of these hospitals will have less than 100 beds after the project is completed, and 13 percent of the hospitals will have more than 300 beds when completed.

Table 2. *Distribution of new hospital projects, of projects involving additions or alterations to existing hospitals, and of all projects according to size of hospital after completion of the project*

[As of Dec. 31, 1949]

Size of hospitals	Projects for construction of new hospitals		Projects for construction of additions or alterations to existing hospitals*		All projects	
	Number	Percent	Number	Percent	Number	Percent
Total.....	405	100.0	392	100.0	797	100.0
Under 25.....	111	27.4	14	3.6	125	15.7
25-49.....	166	41.0	48	12.2	214	26.9
50-74.....	68	16.8	73	18.6	141	17.7
75-99.....	17	4.2	40	10.2	57	7.1
100-299.....	40	9.9	165	42.1	205	25.7
300 and over.....	3	.7	51	13.0	54	6.8
Unknown.....	-----	-----	1	.3	1	.1

*Includes projects for the replacement of an existing hospital.

For the two types of projects combined, 43 percent of all general hospital projects involve hospitals which when completed will have less than 50 beds; 25 percent of the projects involve hospitals of 50 to 100 beds; and 32 percent involve hospitals of over 100 beds.

In general, the hospitals being built under the program are smaller than those in the country's present general hospital plant. Of all general and special short-term hospitals, 32 percent have less than 50 beds; 26 percent have 50 to 100 beds; and 42 percent have 100 beds or more.¹

Although a majority of the hospitals being built under the program are small, i. e., under 100 beds, the larger share of Federal funds is being used for the construction of medium or large-sized hospitals (table 3). This difference is due, of course, to the fact that one hospital of 100 beds costs more than four times as much as a hospital

¹ American Hospital Association: Statistics and Directory Section. Hospitals. June 1949, pt. 2, p. 22.

of 25 beds. In the distribution of Federal funds for the construction of completely new hospitals, 37 percent is used for hospitals of less than 50 beds; 29 percent is for hospitals of 50 to 100 beds, and another 34 percent is for hospitals of more than 100 beds. In projects involving replacement of, or additions and extensions to existing hospitals, only 24.4 percent of the Federal funds is for projects which will have less than 100 beds upon completion and 19.0 percent is for projects which will have more than 300 beds. For both types of projects combined, 19.9 percent of the Federal funds is going into projects—mostly new—which will have less than 50 beds when completed; 22.5 percent is being used to build hospitals of 50 to 100 beds, 45.5 percent to build hospitals of 100 to 300 beds, and 12.1 percent to build hospitals of over 300 beds.

Table 3. *Distribution of Federal share of projects for construction of new hospitals, of projects involving additions or alterations to existing hospitals, and of all projects, according to size of hospital after completion of the project*

[As of Dec. 31, 1949]

Size of hospitals	Projects for construction of new hospitals		Projects for construction of additions or alterations to existing hospitals*		All projects	
	Amount	Percent	Amount	Percent	Amount	Percent
Total.....	\$78,564,151	100.0	\$101,520,597	100.0	\$180,084,748	100.0
Under 25.....	7,762,124	9.9	864,968	.9	8,627,092	4.8
25-49.....	21,257,149	27.1	5,937,700	5.8	27,194,849	15.1
50-74.....	16,614,331	21.1	10,913,780	10.8	27,528,111	15.3
75-99.....	6,006,311	7.6	7,049,851	6.9	13,056,162	7.2
100-299.....	24,487,361	31.2	57,448,977	56.6	81,936,338	45.5
300 and over.....	2,436,875	3.1	18,836,767	18.5	21,273,642	11.8
Unknown**.....			468,554	.5	468,554	.3

*Includes projects for the replacement of an existing hospital.

**Involves one project for the construction of one of several buildings comprising a medical center; total number of beds in the entire center is undetermined, pending receipt of projects for the remaining buildings.

It is of interest to compare this pattern with the distribution of the capital value of the general hospital plant of the country according to size of hospital. Of the total assets of all general and special short-term hospitals, 14.6 percent represents the assets of hospitals with less than 100 beds, 34.6 percent the assets of hospitals with 100 to 259 beds, and 50.8 percent the assets of hospitals with more than 250 beds.² It would appear that the Hill-Burton program is being used to build or help build predominantly small or medium-sized hospitals, thus increasing the number and proportion of small hospitals and placing proportionately less emphasis on the construction of big hospitals.

There are, as may be expected, marked regional differences in the size and type of general hospital projects being built with Federal aid. In the New England and Middle Atlantic States, for example, which

² See footnote 1.

are already relatively well supplied with hospitals, very few of the projects are for construction of new hospitals—almost all are for replacement of existing buildings or for additions to existing hospitals. In the South, on the other hand, 71 percent of the projects are for new hospitals.

Where are projects being built? Of the completely new hospitals being built under the program, the majority are in small towns and small cities: 71.3 percent of the projects are in places of less than 5,000 population, and only 12.1 percent are in towns or cities of more than 10,000 population. Of the projects to replace, extend, or alter existing hospitals, relatively more, as would be expected, are in larger population centers. Of these projects, only 26.3 percent are in places of less than 5,000 population, and 22.7 percent are in cities of more than 50,000 population.

The smaller projects, of course, tend to be in the smaller population centers. Hence, the distribution of the Federal funds according to size of community is somewhat different from the distribution of projects. When figures for new hospitals and for replacement of, or additions or alterations to existing hospitals are combined, it appears that 27.0 percent of the Federal funds will be used to build or extend hospitals in places of less than 5,000 population—hospitals that will serve predominantly rural people (table 4). A total of 17.9 percent of the Federal funds is for projects in localities of 5,000 to 10,000 population, 31.5 percent for projects in localities of 10,000 to 50,000 population, and 23.6 percent for projects in cities of over 50,000 population. In other words, almost one-third of the Federal funds is for projects in small towns serving predominantly rural people; one-fifth of the funds goes into large cities; while the remainder is for projects in small and medium-sized cities—projects which will serve both urban and rural population.

How does the distribution of the hospital projects according to size of community compare with the present distribution of our

Table 4. *Distribution of general hospital projects and of Federal share according to size of community*

[As of Dec. 31, 1949]

Size of community	Number of projects		Federal share	
	Number	Percent	Amount	Percent
Total.....	797	100.0	\$180,084,748	100.0
Under 2,500.....	234	29.4	23,745,346	13.2
2,500-4,999.....	158	19.8	24,890,532	13.8
5,000-9,999.....	132	16.6	32,277,215	17.9
10,000-24,999.....	124	15.6	41,172,742	22.9
25,000-49,999.....	45	5.6	15,520,338	8.6
50,000 and over.....	104	13.0	42,478,575	23.6

hospital plant? Of our existing general (non-Federal) hospitals, 29.4 percent are in places of less than 5,000 population, 14.5 percent are in places of 5,000 to 10,000; 19.5 percent are in places of 10,000 to 50,000; and 36.6 percent are in cities of over 50,000.

Compared with our present distribution of hospitals, the program is tending to place hospitals in the smaller population centers, where they will serve predominantly rural people. This is precisely the purpose for which the program is designed, for the law specifies that the program shall build hospitals where they are most needed, with special emphasis given to rural places and places of low per capita income.

The projects for construction of new small hospitals are largely in small communities. None or almost none of the new small hospitals of 50 beds or less are being built in large centers. For example, of new hospitals of less than 50 beds, 63 percent are in communities of less than 2,500 population and 89 percent are in communities of less than 5,000. Large cities have little room or need for new small hospitals.

The State plans divide the State into hospital-service areas of three types. Base areas are those containing a teaching hospital or a medical school, or alternatively a city with a population of at least 100,000; and one or more hospitals, each containing over 200 beds and furnishing internships and residencies in two or more specialties. Intermediate areas are areas with a population of more than 25,000, containing at least one general hospital of more than 100 beds. Rural areas are all others. Of the total general hospital projects approved by December 31, 1949, 55.8 percent are in "rural" areas, 32.8 percent are in "intermediate" areas, and 11.4 percent in "base" areas. Of the 1,548 rural areas in the country as a whole, 26.1 percent have projects thus far, as compared with 31.4 percent of the intermediate areas and 44.9 percent of the 107 base areas. Approved projects will provide 28.5 percent of the additional beds

Table 5. *Types of general hospital service areas, number and percent with approved project applications, additional beds needed, and beds to be provided by approved projects*

[As of Dec. 31, 1949]

Types of area	Areas			Beds		
	Total	With project applications		Total additional beds needed in all areas	Included in project applications	
		Number	Percent of areas		Number	Percent of beds needed
Total.....	2,327	663	28.5	244,801	39,321	16.1
Base.....	107	48	44.9	88,527	6,357	7.2
Intermediate.....	672	211	31.4	101,106	17,245	17.1
Rural.....	1,548	404	26.1	55,168	15,719	28.5

needed in rural areas and 17.1 percent and 7.2 percent of the additional beds needed in intermediate and base areas, respectively (table 5). In short, in accordance with the intent of the Federal law, the program has been of considerably more help in meeting the needs of rural than of urban areas.

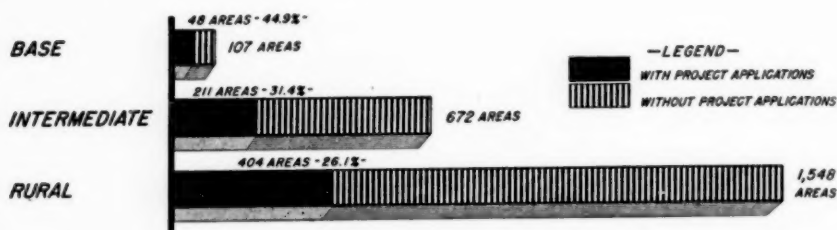


Figure 3. Type of areas and number with general hospital projects, as of December 31, 1949.

The fact that under the program substantial numbers of small hospitals are being built—even though the proportion of the Federal funds going into these hospitals is quite small in relation to the total—deserves consideration in view of the inherent limitations of small hospitals. Have these hospitals the potentiality of growing into more effective-sized institutions later? An analysis of the bed needs of the areas in which these small hospitals are located indicates that, in general, this is the case. On the average these new hospitals of less than 50 beds will supply only about half the total number of beds estimated by the States to be needed in their areas.

What is the economic status of communities receiving Federal funds for general hospital projects? Are the relatively low or the relatively high income areas receiving the most benefit from the program? In

Table 6. Index of per capita income of general hospital service areas, number and percent with project applications, additional beds needed and beds to be provided by approved projects

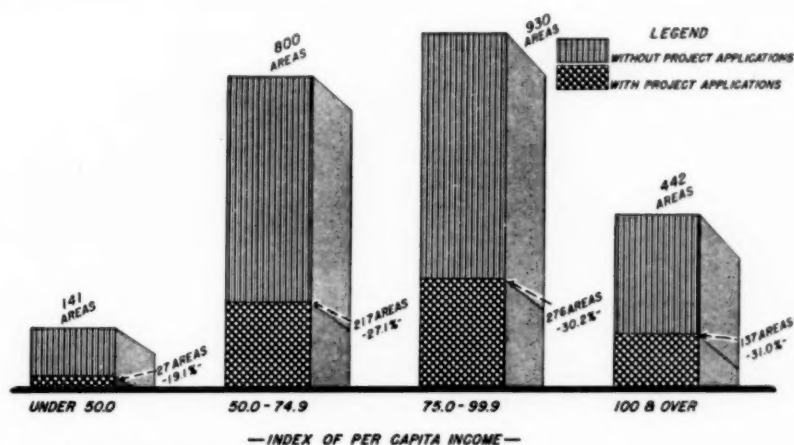
[As of Dec. 31, 1949]

Index of per capita income*	Areas			Beds		
	Total**	With project applications		Total additional beds needed in all areas	Included in project applications	
		Number	Percent of areas		Number	Percent of beds needed
Total.....	2,296	657	28.6	239,478	38,752	16.2
Under 50.0.....	141	27	19.1	6,571	879	13.4
50.0-74.9.....	800	217	27.1	39,952	10,390	26.0
75.0-99.9.....	913	276	30.2	70,019	14,563	20.8
100 and over.....	442	137	31.0	122,936	12,920	10.5

*Index of per capita income means relationship of the per capita income of area to the State average.

**Excludes Alaska, Hawaii, Puerto Rico, and the Virgin Islands, for which per capita income data are not available.

the country as a whole, as shown in the State plans, there are 141 areas in which the per capita income is less than 50 percent of the per capita income of the State in which these areas are located (table 6). Among these very poor areas, 19.1 percent have thus far submitted approved projects for general hospitals, and these projects will provide 13.4 percent of the additional beds estimated to be needed in these areas. There are 800 areas with a per capita income of between 50 and 75 percent of the State average; 27.1 percent of these areas have projects, and these projects will meet 26.0 percent of the bed deficit of these areas. Of the 913 areas with per capita incomes of between 75 and 100 percent of the State average, 30.2 percent have submitted approved projects, and these projects will provide 20.8 percent of the additional beds needed in these areas. There are 442 areas



* Relationship of Area Per Capita Income to that of State.

Figure 4. Areas by index of per capita income* and number with general hospital projects, as of December 31, 1949.

areas with per capita incomes of over 100 percent of the State per capita income; in general, these are the large cities of the State. Among these wealthy areas, 31.0 percent have projects, but these projects will provide only 10.5 percent of the additional beds needed in these areas.

In short, the vast majority of the approved projects are in areas of less than average income; the projects approved thus far will meet far more of the bed needs in the areas of relatively low than in areas of relatively high income. The program, however, is not developing facilities in the very poorest areas—those with per capita incomes of less than 50 percent of the State average—to as great degree as in areas which are better off economically but still below the average. Inquiry reveals that the major reason for this difference is the fact that these poor areas lack the funds to build or maintain a hospital.

The recent amendments to the program,³ which will permit States to use Federal funds for a larger share of the costs of hospitals, may help some of these poorer areas. The major problem, however, probably is maintenance; until these areas receive aid in maintaining a hospital or until their residents have some prepayment plan for hospitalization, it is unlikely that these very poor areas will have a hospital.

Who owns the facilities being built under the program? Are they mainly public or mainly nonprofit institutions? Virtually all the mental, tuberculosis, and chronic disease hospital projects, and, of course, all the health center projects are for publicly owned facilities. Together, however, these projects, as already noted, account for only 14 percent of the total Federal share of all approved projects. Approved projects for general hospitals are almost equally divided between nonprofit and public hospitals. A total of 56.4 percent of the projects are for public hospitals.⁴ However, the public hospitals being

Table 7. *Percent distribution of general hospital projects and of Federal share of construction costs according to nonprofit or public sponsorship*

[As of March 1948]

Region*	Projects			Federal share		
	All	Nonprofit	Public	All	Nonprofit	Public
Region I.....	100.0	96.8	3.2	100.0	95.0	5.0
Region II.....	100.0	82.8	17.2	100.0	96.0	4.0
Region III.....	100.0	65.0	35.0	100.0	59.6	40.4
Region IV.....	100.0	55.8	44.2	100.0	70.5	29.5
Region V.....	100.0	37.7	62.3	100.0	45.4	54.6
Region VI.....	100.0	23.8	76.2	100.0	31.7	68.3
Region VII.....	100.0	40.8	59.2	100.0	50.7	49.3
Region VIII.....	100.0	29.6	70.4	100.0	33.5	66.5
Region IX.....	100.0	32.0	68.0	100.0	35.7	64.3
Region X.....	100.0	20.0	80.0	100.0	15.1	84.9
Total.....	100.0	43.6	56.4	100.0	53.7	46.3

*Region I: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont. Region II: Delaware, New Jersey, New York, Pennsylvania. Region III: District of Columbia, Maryland, North Carolina, Virginia, West Virginia. Region IV: Kentucky, Michigan, Ohio. Region V: Illinois, Indiana, Minnesota, Wisconsin. Region VI: Alabama, Florida, Georgia, Mississippi, Tennessee, South Carolina, Puerto Rico, Virgin Islands. Region VII: Iowa, Kansas, Missouri, Nebraska, North Dakota, South Dakota. Region VIII: Arkansas, Louisiana, New Mexico, Oklahoma, Texas. Region IX: Colorado, Idaho, Montana, Utah, Wyoming. Region X: Alaska, Arizona, California, Nevada, Oregon, Washington, Hawaii.

constructed under the program—these hospitals will be mainly owned by county governments—are of smaller size than the nonprofit projects, so that actually 53.7 percent of the Federal funds is going into nonprofit hospitals and only 46.3 percent into publicly owned hospitals. (Incidentally the publicly owned hospitals being constructed under the program are community hospitals in the same sense as are the voluntary ones, i. e., they will serve the whole community, and are not intended merely or mainly for charity patients.)

³ Public Law 380. 81st Cong., 1st sess.

⁴ Data are for March 1948. Earlier tabulations showed the same distribution between public and privately owned facilities and indications are that the proportions have not changed.

Among the regions of the country there is wide variation in type of ownership of the approved projects. In New England, 96.8 percent of the approved projects are for nonprofit facilities, and in the Middle Atlantic States (New York, New Jersey, Delaware, Pennsylvania) 82.8 percent. On the other hand, in the South (region VI) and the far West (region X) only 23.8 and 20.0 percent, respectively, of the projects are for nonprofit hospitals (table 7).

Summary

Of the projects approved for construction with Federal aid under the Hill-Burton hospital construction program, 78 percent are for the construction of general hospitals, 5 percent for mental hospitals, 3 percent for tuberculosis hospitals, less than 1 percent for chronic disease hospitals, and 14 percent for public health centers. Of the total construction cost of all projects, 85 percent is for the construction of general hospitals, 6 percent for mental hospitals, 4 percent for tuberculosis hospitals, 3 percent for chronic disease hospitals, and 2 percent for health centers.

Slightly more than 50 percent of the general hospital projects are for the construction of completely new hospitals, the remainder being for the construction of facilities to replace existing buildings or for additions or alterations to existing hospitals. The vast majority of the completely new hospitals being built are small—68 percent will have less than 50 beds. Contrariwise, the majority of hospitals to which additions or alterations are being made, or which will replace existing buildings, are medium-sized or large hospitals—100 beds or over. Almost 50 percent of all the general hospital projects under the program are being built in communities of less than 5,000 population and will serve predominantly rural areas.

Thus far the program is largely meeting its objective of building hospitals where they are most needed and especially in low income and rural areas.

The general hospital projects are about evenly divided between those sponsored by public agencies and those sponsored by nonprofit groups. The relative proportion of the two types, however, varies widely from region to region.

Immunization of European Displaced Persons

By RALPH GREGG, M. D.*

Of the millions of displaced persons left in the care of UNRRA in Germany, Austria, and Italy following World War II, approximately 205,000 are destined to immigrate to the United States under present legislation. This number may be increased to between 300,000 and 400,000 by legislation now under consideration. It is, therefore, of interest from a public health standpoint to learn what attempts have been made to immunize these displaced persons against epidemic diseases.

International Refugee Organization

The agency that has assumed primary responsibility for support and care of the displaced persons in Europe is the International Refugee Organization. It operates camps in the American Zones of Austria and Germany. In the British and French Zones national organizations operate the camps and collaborate with the International Refugee Organization which not only gives shelter, food, and clothing but also provides medical care.

By the autumn of 1949 the number of displaced persons in Europe had declined to about 600,000, about half of whom were living in camps. The others were living in communities or were employed on farms; they were the so-called "out-of-camp refugees."

Displaced persons emigrating to the United States are called forward from camps and from the outside to resettlement centers in Germany, Austria, and Italy where they remain for a short period. After receiving their visas from the consular officials at the resettlement centers, they go to the embarkation center for final check and clearance by the immigration officials before sailing.

IRO Medical Program

The Medical Division of the International Refugee Organization with headquarters at Geneva operates medical facilities in the refugee camps, the resettlement centers, and the Camp Grohn Embarkation Center near Bremerhaven. The IRO also operates hospitals outside the camps for persons requiring prolonged or specialized care.

The IRO medical program provides physical examinations of all

*Senior Surgeon from the Division of Foreign Quarantine, Public Health Service. Based in part on a report from R. L. Coligny, M. D., Director of Health, International Refugee Organization, Geneva.

displaced persons including those going through the resettlement centers previous to emigration to the United States and other countries. The examination at the resettlement center is thorough. It includes the services of specialists in tuberculosis, pediatrics, and internal medicine; routine chest X-rays; laboratory tests; and dental examination. The laboratory tests include the usual clinical blood examination, blood serology, and urinalysis. The IRO medical examination reports are made available to the Public Health Service physicians at the resettlement centers for use in their visa medical examinations.

Immunization Against Communicable Diseases

The IRO Medical Division recognized from the beginning the importance of guarding against outbreaks of contagion among persons living in crowded camps; hence, preventive health work has been an important part of the medical program. In accordance with accepted public health standards, it has been the policy to immunize the displaced persons against smallpox, typhoid and paratyphoid fevers, diphtheria, and whooping cough. In some areas, typhus immunization is still practiced although this is not general throughout IRO. In all areas, however, DDT dusting is carried out at intervals and always prior to the movement of the displaced persons to a new location.

The greatest difficulty in the immunization work has been with the out-of-camp people. Many of them do not live near a camp and are unable to go to one for inoculation. The first opportunity to immunize many persons in this group occurs when they present themselves to the resettlement centers in preparation for entry into the United States and other countries such as Canada, Brazil, and Australia. Every effort is made to immunize the out-of-camp refugees as they pass through the resettlement centers and the embarkation center. However, their stay at either center is usually too brief to complete any course of immunization. A high percentage of the in-camp people, on the other hand, are completely immunized while in the local camps.

The IRO attempts to meet the quarantine requirements of the countries which the displaced persons will enter. The International Certificate of Vaccination is completed for smallpox vaccination, including a record of the result. Some persons, however, are not vaccinated, or the recording is incomplete, owing to circumstances at the time of the medical examination at the resettlement center. Other immunizations are not always recorded on the International Certificate, and a complete record for the emigrant may, therefore, not be available when he arrives at the resettlement center and the embarkation center. The displaced persons come to the United States

on military transports now operated by the U. S. Navy. Transportation is provided by the IRO by contract with the United States. Before embarkation all persons are required to present valid certificates of smallpox vaccination to comply with quarantine regulations of the United States. During the voyage the ship's medical officers attempt to complete diphtheria immunizations of all children. Also, because of the frequent occurrence of measles during the voyage, immune gamma globulin is provided for nonimmune children under 6 years of age.

A table shows the percentages of displaced persons immunized in the main IRO areas. As up-to-date figures are not available, the population used as a basis for the percentages is the approximately 600,000 displaced persons who were in Europe last autumn. Those persons not yet immunized for smallpox at the time of embarkation are then vaccinated to comply with quarantine requirements so that practically 100 percent are finally vaccinated.

Percentages of population immunized in the main IRO areas

Area	Diph- theria ¹	Small- pox	Typhoid and Para- typhoid	Typhus	Whooping cough ²
Austria.....	85.4	92.7	97.2	39.8	51.3
Germany:					
British Zone.....	65.6	72.8	82.2	75.3	-----
French Zone.....	47.2	74.76	97.63	2.69	-----
United States Zone.....	77.6	92.7	93.0	92.8	19.7
Italy.....	39.0	82.0	72.0	53.0	15.0

¹ For age group 1-16.

² For age group 1-8.

All age groups received smallpox, typhoid and paratyphoid, and typhus vaccines. Diphtheria toxoid was given to children from 1 to 16 years of age, and whooping cough vaccine to children from 1 to 8 years. The latter was not administered in the British or French Zones of Germany and was used to a very limited extent in the United States Zone and Italy. In Austria 51.3 percent were immunized.

Conclusion

Since the end of World War II, aid has been extended to millions of displaced persons in Europe by the International Refugee Organization. Refugee camps are operated in Germany, Austria, and Italy. In addition to caring for the displaced persons, the IRO has assisted in their resettlement either through repatriation or emigration to other countries. An essential part of the assistance program has been the medical care provided by the Medical Division, which since the beginning of its activities has promoted immunizations against epidemic diseases. Within the limitations of the existing conditions,

immunizations have been provided to displaced persons both in the camps and out of the camps. For persons emigrating to the United States and to other countries, efforts to complete the immunizations have extended through the various steps of the procedures up to the time of embarkation. Diphtheria and measles immunizations have also been given on board ship.

Although figures are not available for the numbers of immunizations given, estimates by the Medical Division of IRO indicate that, except for whooping cough, very high percentages have been achieved in all IRO areas. It appears that practically 100 percent of the displaced persons are vaccinated against smallpox and somewhat lower percentages against typhoid fever, typhus, and diphtheria. Probably no other civilian population group in the world has been so completely immunized against these diseases.

Reported Incidence of Communicable Diseases in the United States, First Quarter, 1950

This summary gives provisional figures on cases of communicable diseases reported by the health departments of each State, Alaska, Hawaii, Panama Canal Zone, Puerto Rico, and the Virgin Islands for the first 3 months of 1950. The figures are subject to change when final annual figures are released by each State, but in most instances the changes will be small.

Usefulness of these data is limited greatly by wide variations in completeness and accuracy of reporting within and between States and for different diseases. Unconfirmed diagnoses, differing definitions of diseases for reporting purposes, and varying methods of tabulation also contribute to the difficulties of interpretation.

The table gives the numbers of reported cases of selected communicable diseases for each division and State in January, February, and March 1950. Data for diseases reported with low frequencies or by only a few States are given after the table.

Influenza and pneumonia

Reported cases of influenza for the quarter totaled 98,127 as compared with 27,169 cases reported for the corresponding period in 1949. The 5-year (1945-49) median was 128,825. Although this increase over the first quarter for 1949 is substantial, during the 10-year period, 1940-49, 6 of the 10 first quarter periods were higher than the same period in 1950. The highest corresponding number of cases reported was 402,574 in the first quarter of 1944.

Reported cases of pneumonia increased slightly, from 33,118 for the first quarter of 1949 to 33,635 for the corresponding period of 1950. The 5-year (1945-49) median was 33,719.

Poliomyelitis

For the quarter, 1,209 cases of acute poliomyelitis were reported compared with 985 cases for the corresponding period of 1949. The relatively high incidence for the quarter is related to the very high incidence of last year and represents the declining phase of that epidemic. (Cases of acute poliomyelitis reported by month for the United States were as follows: January, 469; February, 391; and March, 349.)

Comparison of the reported cases of acute poliomyelitis by type for the first quarter of 1950 with the corresponding period of 1949 shows an increase in the number of unspecified type. The type unspecified increased from 38.7 percent of the total for the first quarter of 1949 to 53.4 percent for the corresponding period of 1950. The nonparalytic type increased from 7.0 to 7.2 percent, and the cases specified as paralytic decreased from 54.3 to 39.4 percent of the total.

Infectious encephalitis

The reported incidence of infectious encephalitis increased considerably over the previous corresponding quarter and was higher than any quarter in the 10-year period, 1940-49. The number reported for the first quarter of 1950 was 165 compared with 101 cases for the previous corresponding period.

Other diseases

The reported cases of diphtheria, malaria, scarlet fever, smallpox, trachoma, and typhus fever (endemic) for the quarter were not only lower than the 5-year median but were the lowest recorded for the 10-year period, 1940-49.

Reported cases of Selected Communicable Diseases in the United States, Each Division and State, First Quarter 1950

[Numbers under diseases are International List numbers, 1948 revision]

Area	Brucel- losis (044)	Chick- enpox (087)	Con- juncti- vitis ¹ (370)	Diph- theria (055)	Dysentery (045-048)		
					Amebic (046)	Bacil- lary (045)	Unspec- ified (047, 048)
New England	19	12,963	16	62	2	38	
Maine.....	3	1,265		1			
New Hampshire.....		657		2			
Vermont.....		1,568					
Massachusetts.....	5	6,558		52		37	
Rhode Island.....		564		4		1	
Connecticut.....	11	2,411	16	3	2		
Middle Atlantic	66	29,682	4	164	235	100	
New York.....	42	9,831	4	82	221	86	
New Jersey.....	7	8,730		16	10	2	
Pennsylvania.....	17	11,121		66	4	12	
East North Central	188	28,598	254	236	223	74	1
Ohio.....	9	5,946		110	7	2	1
Indiana.....	3	987	13	66	3	4	
Illinois.....	110	5,486	40	25	138	32	
Michigan.....	34	5,726	201	27	74	36	
Wisconsin.....	32	10,453		8	1		
West North Central	199	7,711	89	106	9	6	5
Minnesota.....	58	747	2	26	3	6	1
Iowa.....	40	597	5	6			
Missouri.....	29	993	14	28	1		4
North Dakota.....	4	310	2	4	2		
South Dakota.....	21	260	3	12			
Nebraska.....	6	1,764	7	15	3		
Kansas.....	41	3,040	56	15			
South Atlantic	52	6,240	85	439	83	55	961
Delaware.....		106		3			1
Maryland.....	11	1,720		61	3	3	
District of Columbia.....		233		2	2	1	
Virginia.....	13	1,329		68	2		952
West Virginia.....	2	913	55	60		3	
North Carolina.....	2			102	54	7	
South Carolina.....	2			56		1	
Georgia.....	15	1,086	16	60	7	30	8
Florida.....	7	853	14	27	15	10	
East South Central	37	2,132	19	305	61	18	3
Kentucky.....	4	498	19	63	15		
Tennessee.....	8	714		83	19	9	3
Alabama.....	12	920		81	7	(*)	(*)
Mississippi.....	13			78	20	7	
West South Central	129	2,802		406	297	3,998	2,946
Arkansas.....	7	1,021		42	41	5	44
Louisiana.....	6	122		43	75		
Oklahoma.....	26	1,659		46	10		10
Texas.....	90			275	171	3,993	2,892
Mountain	28	6,727	86	78	52	206	15
Montana.....	2	989	9	8			
Idaho.....	4	663	32	14			
Wyoming.....		197	6	2			
Colorado.....	17	1,330		14		4	
New Mexico.....	1	445	8	12	4	10	3
Arizona.....	2	1,384		19	41	191	7
Utah.....	2	1,670		6	7	1	4
Nevada.....		49	31	3			1
Pacific	86	15,688	157	141	114	144	41
Washington.....	20	2,085	98	6	9	8	31
Oregon.....	32		59	16	8	2	
California.....	34	13,603		119	97	134	(*) 10
First quarter 1950.....	804	112,543	710	1,937	1,076	4,639	3,972
First quarter 1949.....	953	193,168	712	2,191	1,151	4,351	3,741
Median 1945-49.....	1,111	138,372	578	3,655	802	4,351	2,818
Alaska.....		280		1			
Hawaii.....	1	672		4	2	61	
Panama Canal Zone ²		43		5	10	13	
Puerto Rico ³		337		72			6
Virgin Islands.....		16					

* Reported not notifiable.

¹ For reported cases of "Ophthalmia neonatorum" see the section following table.

² Two months only. ³ From weekly reports.

Reported Cases of Selected Communicable Diseases in the United States, Each Division and State, First Quarter 1950—Continued

[Numbers under diseases are International List numbers, 1948 revision]

Area	Encephalitis, acute infectious (082)	German measles (086)	Hookworm disease (129)	Influenza (480-483)	Malaria (110-117)	Measles (085)	Menigitis, meningococcal (057.0)
New England	7	1,965	2	1,120	1	3,685	45
Maine	1	693		1,074		496	5
New Hampshire		275		12		44	1
Vermont		256				158	
Massachusetts	5	571			1	2,400	20
Rhode Island	1	6		10		113	3
Connecticut		164	2	24		474	16
Middle Atlantic	38	3,505	62	393	10	20,769	175
New York	26	910	61	231	7	8,431	75
New Jersey	12	2,132		124	2	9,250	28
Pennsylvania		463	1	38	1	3,088	72
East North Central	37	2,349	3	2,225	3	31,331	240
Ohio		263		90		2,533	76
Indiana	5	154		203	1	1,999	10
Illinois	10	475		320	1	2,241	70
Michigan	22	1,131	3	44		20,117	38
Wisconsin		326		1,568	1	4,441	46
West North Central	12	78	4	2,011		9,819	81
Minnesota				56		971	27
Iowa	1	9	1			6,108	14
Missouri		39		251		141	23
North Dakota	5			552		132	4
South Dakota	2		1			297	5
Nebraska				326		1,726	2
Kansas	4	30	2	826		444	6
South Atlantic	12	66	2,499	53,481	40	10,000	191
Delaware				1		409	5
Maryland	1	34		354		458	18
District of Columbia				54		984	5
Virginia				35,435	3	513	47
West Virginia	2	27		11,060		2,523	30
North Carolina					5	2,645	32
South Carolina	3			1,572	17	1,115	17
Georgia	3			4,898	11	850	19
Florida	3	5	2,499	107	4	503	18
East South Central	10	67	1,236	10,023	22	4,425	152
Kentucky	1	17	8	1,309	1	1,329	57
Tennessee	6	43	2	3,644	5	1,249	54
Alabama	1	7		4,980	9	571	22
Mississippi	2		1,226		7	1,276	19
West South Central	11	45	555	16,967	313	3,449	156
Arkansas		12	1	9,620	12	336	20
Louisiana		3	550	56	2	394	20
Oklahoma	3	30	4	7,291	9	105	14
Texas	8				290	2,614	102
Mountain	10	531		11,181	5	7,566	29
Montana	1	70		4,233		920	5
Idaho	1	39		1,461	1	407	2
Wyoming		40		378		152	4
Colorado	4	56		1,963	1	1,345	10
New Mexico		100		84		421	
Arizona	3	130		2,735	3	1,523	5
Utah		96		192		2,693	2
Nevada	1			135		105	1
Pacific	28	1,147		726	1	4,726	132
Washington	3	362		349	1	984	14
Oregon				137		304	14
California	25	785		240		3,438	104
First quarter 1950	165	9,753	4,361	98,127	395	95,770	1,201
First quarter 1949	101	30,873	4,461	27,169	703	280,920	1,106
Median 1945-49	106	11,076	4,421	128,825	2,766	196,697	1,114
Alaska		21		238		224	
Hawaii	1	8		1,999		8	3
Panama Canal Zone	1	1			67	259	
Puerto Rico				204	24	52	
Virgin Islands							1

¹ New York City only. ² Two months only. ³ From weekly reports.

⁴ Excludes 40,200 cases estimated by county health officers.

Reported Cases of Selected Communicable Diseases in the United States, Each Division and State, First Quarter 1950—Continued

[Numbers under diseases are International List numbers, 1948 revision]

Area	Mumps (089)	Pneu- monia (490-493)	Poliomyelitis				Rheu- matic fever (400-402)
			Total (080.0- 080.3)	Paralytic (080.0- 080.1)	Non- paralytic (080.2)	Unspeci- fied (080.3)	
New England	9,571	967	20	14	2	4	25
Maine	1,954	202	3	3			1
New Hampshire	420						
Vermont	2,392	3					(*)
Massachusetts	3,438	(*)	3	3			24
Rhode Island	160	72	11	5	2	4	(*)
Connecticut	1,207	690					194
Middle Atlantic	17,285	6,445	107	42		65	(*)
New York	4,529	4,065	72	42		30	(*)
New Jersey	2,303	1,262	13			13	(*)
Pennsylvania	10,453	1,118	22			22	194
East North Central	15,659	3,321	137	53	27	57	206
Ohio	3,951	968	27			27	24
Indiana	539	154	17			16	3
Illinois	2,408	1,288	33	25		8	59
Michigan	3,247	621	55	27	19	9	116
Wisconsin	5,514	290	5			5	4
West North Central	8,603	1,514	79	39	3	37	36
Minnesota		160	14			11	28
Iowa	808	31	30	30			
Missouri	580	361	9			9	2
North Dakota	6	576	4			4	1
South Dakota	50	8	5	2		3	
Nebraska	593	94	11	6		5	5
Kansas	6,766	284	6	1		5	5
South Atlantic	3,193	3,904	118	37	3	78	75
Delaware	17	5	2	1		1	
Maryland	589	628	10	8	2		29
District of Columbia	442	242	1	1			
Virginia	639	1,734	10	10			
West Virginia	608	315	11			11	19
North Carolina			20			20	
South Carolina		185	6			6	7
Georgia	324	634	13	12	1		20
Florida	574	161	45	5		40	(*)
East South Central	1,147	2,893	65	39	1	25	62
Kentucky	246	350	17	13	1	3	8
Tennessee	442	933	9	9			30
Alabama	459	1,048	17	17			(*)
Mississippi		562	22			22	24
West South Central	2,173	11,798	330	119	10	201	33
Arkansas	811	1,010	18	6	6	6	9
Louisiana	65	496	31	27	4		
Oklahoma	1,207	936	20	4		16	23
Texas		9,356	261	82		179	
Mountain	3,449	1,415	109	20	4	85	186
Montana	277	13	5	2		3	1
Idaho	184	182	39			39	26
Wyoming	168	26	7	6		1	15
Colorado	719	517	14	7	4	3	62
New Mexico	341	224	9	5		4	25
Arizona	1,060	365	13			13	46
Utah	667	80	13			13	11
Nevada	33	29	9			9	
Pacific	15,238	1,378	244	113	37	94	290
Washington	1,434	254	15	15			117
Oregon		358	26	10	4	12	47
California	13,804	766	203	88	33	82	126
First quarter 1950	76,318	33,635	1,209	476	87	646	1,107
First quarter 1949	87,102	33,118	985	535	69	381	1,370
Median 1945-49	76,829	33,719	491	(1)	(1)	(1)	1,243
Alaska	237	12					8
Hawaii	54	5	3	3			4
Panama Canal Zone ¹	97	43					
Puerto Rico ²			18				
Virgin Islands	2					18	

* Reported not notifiable.
¹ Not available.

² Two months only.
³ From weekly reports.

Reported Cases of Selected Communicable Diseases in the United States, Each Division and State, First Quarter 1950—Continued

[Numbers under diseases are International List numbers, 1948 revision]

Area	Rocky Mountain spotted fever (104)	Scarlet fever (050)	Septic sore throat (051)	Smallpox (084)	Tetanus (061)	Trachoma (095)	Trichiniasis (128)
New England		2,357	185		1		10
Maine.....		136	16				4
New Hampshire.....		98					
Vermont.....		64	46				
Massachusetts.....		1,578	36				2
Rhode Island.....		159	6		1		
Connecticut.....		322	81				4
Middle Atlantic	1	3,971	32		10		41
New York.....		1,891	(1)		8	(*)	31
New Jersey.....	1	619	32		2		2
Pennsylvania.....		1,461					8
East North Central	1	7,935	497	1	7	2	13
Ohio.....	1	3,262	18		2	1	5
Indiana.....		728			1		
Illinois.....		922	27		2	1	
Michigan.....		1,892	285		2		8
Wisconsin.....		1,131	167	1			
West North Central	1	1,508	79	4	2	93	
Minnesota.....		345	62				
Iowa.....		160	1				
Missouri.....		252	9			85	
North Dakota.....		41	2			6	
South Dakota.....		72	2	2		1	
Nebraska.....		228		1			
Kansas.....	1	410	3	1	2	1	
South Atlantic	5	1,932	912		11		2
Delaware.....		69					
Maryland.....	1	379	18		1		1
District of Columbia.....		61					1
Virginia.....		336	738		2		
West Virginia.....	1	284	82		1		
North Carolina.....		529	25				
South Carolina.....	1	28	5		1		
Georgia.....	2	183	28		4		
Florida.....		63	16		2		(*)
East South Central	1	1,153	90	3	21	7	
Kentucky.....		420	43	3	1	7	
Tennessee.....		439	47		5		
Alabama.....	1	190	(*)		9		(*)
Mississippi.....		104	(*)		6		(*)
West South Central	2	801	2,193	2	13	59	1
Arkansas.....	1	69	533		4	30	
Louisiana.....		41	2		9		1
Oklahoma.....	1	192	95	1		18	
Texas.....		499	1,563	1		11	
Mountain	3	828	1,119	2	1	68	3
Montana.....		185	55				
Idaho.....		101	257				2
Wyoming.....		35	2				
Colorado.....		166	46	1			1
New Mexico.....		86	1		1	1	
Arizona.....		201	729	1		67	
Utah.....		52	1				
Nevada.....	3	2	28				
Pacific		2,712	431	1	11	5	5
Washington.....		698	47				
Oregon.....		254	129	1	1		
California.....		1,760	255		10	5	5
First quarter 1950.....	14	23,197	5,538	13	77	234	75
First quarter 1949.....	22	36,609	6,917	18	74	292	111
Median 1945-49.....	6	36,609	4,121	71	74	428	111
Alaska.....		2	37				
Hawaii.....		6	3		4		
Panama Canal Zone ²		1					
Puerto Rico ³					42		
Virgin Islands.....							12

* Reported not notifiable.

¹ Cases reported as septic sore throat included with scarlet fever.

² Two months only. ³ From weekly reports.

Reported Cases of Selected Communicable Diseases in the United States, Each Division and State, First Quarter 1950—Continued

[Numbers under diseases are International List numbers, 1948 revision]

Area	Tuberculosis		Tula-remia (059)	Typhoid fever (040)	Para-typhoid fever ¹ (041)	Typhus fever, endemic (101)	Whooping cough (056)
	All forms (001-019)	Respi- ratory (001-008)					
New England	1,381	1,280		12	19		4,333
Maine.....	102	87		3	1		338
New Hampshire.....	24						89
Vermont.....	24	24					351
Massachusetts.....	749	705		4	17		1,790
Rhode Island.....	140	138		1			313
Connecticut.....	342	326		4	1		1,452
Middle Atlantic	5,250	3,170	1	75	42	2	7,410
New York.....	3,416	3,170		13	23	1	2,722
New Jersey.....	733			39	4		2,102
Pennsylvania.....	1,101		1	23	15	1	2,586
East North Central	3,915	2,263	43	56	27		9,042
Ohio.....			2	20	1		2,524
Indiana.....	604	566	4	11	2		408
Illinois.....	1,804	1,697	31	14			1,082
Michigan.....	1,147		5	6	22		3,096
Wisconsin.....	360		1	5	2		1,932
West North Central	1,322	163	32	23	5		1,063
Minnesota.....	170			2	4		296
Iowa.....	134			2			119
Missouri.....	695		27	9			286
North Dakota.....	61	53	1	1	1		23
South Dakota.....	83			2			27
Nebraska.....	62						76
Kansas.....	117	110	4	7			236
South Atlantic	4,391	3,738	80	60	39	59	3,275
Delaware.....	75	75			2		74
Maryland.....	626	613	6	9	5	1	854
District of Columbia.....					3		25
Virginia.....	995	978	16	13	7		494
West Virginia.....	596	592	2	9	1	1	635
North Carolina.....	937	905	11	8		1	656
South Carolina.....			5	9	1	1	92
Georgia.....	580	575	30	6	11	48	365
Florida.....	582		10	6	9	7	80
East South Central	2,742	1,213	43	71	9	25	1,064
Kentucky.....	802	772	5	13	1		328
Tennessee.....	940		12	36	6		483
Alabama.....	541		11	10	2	20	223
Mississippi.....	459	441	15	12		5	30
West South Central	2,672	1,460	65	103	14	50	2,863
Arkansas.....	419	416	24	20	1	1	490
Louisiana.....	602	569	13	45	5	17	53
Oklahoma.....	479	475	19	10	4	1	216
Texas.....	1,172		9	28	4	31	2,104
Mountain	1,857	1,220	18	23	4		1,663
Montana.....	95	87	6	3	2		39
Idaho.....	65			1			155
Wyoming.....	13	13					19
Colorado.....	410			5	2		301
New Mexico.....	296	278	6	4			202
Arizona.....	790	759	1	10			651
Utah.....	86	83	5				285
Nevada.....	102						11
Pacific	2,819	2,181		24	34		2,865
Washington.....	521			3	4		528
Oregon.....	171	150			1		396
California.....	2,127	2,031		21	29		1,947
First quarter 1950.....	26,340	16,688	282	447	193	136	33,578
First quarter 1949.....	29,423	17,751	360	486	149	179	13,056
Median 1945-49.....	29,423	16,809	250	466	149	548	28,897
Alaska.....							23
Hawaii.....	69				1	1	5
Panama Canal Zone ²	4			3			105
Puerto Rico ³	1,264			22		5	1,148
Virgin Islands.....							10

¹ Includes salmonellosis.

² Two months only.

³ From weekly reports.

Additional Diseases

Figures for additional diseases reported by State health departments in the first quarter of 1950 and not shown in the table are given below. Also included are diseases reported by territories and possessions. The numbers in parentheses are from the Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, World Health Organization, 1948.

Actinomycosis (132): Michigan 1.

Anthrax (062): Arkansas 1, Delaware 2, Massachusetts 1, New Hampshire 1, New York 2.

Botulism (049.1): California 2.

Cancer (140-205): Alabama 1,008, Arkansas 122, Colorado 1,032, Florida 542, Georgia 73, Idaho 363, Kansas 766, Kentucky 11, Louisiana 677, Nevada 5, New Mexico 228, North Dakota 121, Pennsylvania 2,008, South Carolina 80, Tennessee 796, Utah 91, Wyoming 98, Alaska 7, Virgin Islands 3.

Coccidioidomycosis (133): Arizona 45, California 18, Illinois 1, Montana 1, Oklahoma 1.

Dengue (090): Texas 3.

Diarrhea of newborn (764): California 28, Connecticut 2, Florida 23, Illinois 31, Indiana 9, Maryland 2, Michigan 14, Minnesota 7, New Mexico 2, New York 3, North Dakota 5, Ohio 14, Pennsylvania 10, Rhode Island 1, Washington 2, West Virginia 2.

Encephalitis, myelitis, and encephalomyelitis (except acute infectious) (343): Colorado 2, Maryland 1, Ohio 8, Utah 1, Washington 3.

Erysipelas (052): Arizona 1, Arkansas 1, Colorado 2, Connecticut 5, Florida 5, Idaho 8, Illinois 55, Indiana 4, Kansas 2, Michigan 21, Minnesota 3, Missouri 4, Montana 2, Nevada 2, North Dakota 5, Ohio 8, Oregon 13, Pennsylvania 11, South Dakota 1, Tennessee 4, Wisconsin 4, Alaska 1, Hawaii 2.

Favus (131 part): Missouri 1.

Food Poisoning (049): California 753, Colorado 2, Connecticut 11, Florida 6, Idaho 20, Illinois 42, Indiana 4, Iowa 2, Louisiana 1, Maine 1, Minnesota 7, Nevada 2, New Mexico 11, New York 161, Ohio 18, Oklahoma 11, Pennsylvania 20, Washington 2, Alaska 13, Panama Canal Zone 1.

Glandular fever (infectious mononucleosis) (093): Arizona 8, Connecticut 48, Idaho 14, Kentucky 9, Maryland 7, Michigan 36, Minnesota 97, Oklahoma 2, Pennsylvania 8, Tennessee 29, Washington 14.

Hepatitis, infectious (092): California 120, Connecticut 2, Florida 2, Illinois 14, Indiana 22, Kansas 11, Maine 1, Maryland 1, Michigan 4, Montana 6, Nebraska 1, Nevada 1, New York 106, Oregon 84, Pennsylvania 212, Tennessee 45, Utah 1, Alaska 1, Hawaii 3, Panama Canal Zone 1.

Impetigo (695, 766): Colorado 30, Idaho 3, Illinois 5, Indiana 5, Kansas 7, Kentucky 19, Maryland 1, Michigan 267, Montana 8, Nevada 28, New York 11, North Dakota 1, Ohio 84, Rhode Island 1, Washington 248, Alaska 7, Hawaii 16.

Leprosy (060): California 2, New York 6, Hawaii 8.

Meningitis, except meningococcal and tuberculous (340): Colorado 5, Idaho 3, Illinois 71, Indiana 26, Iowa 6, Kentucky 11, Maryland 10, Massachusetts 47, Michigan 10, Minnesota 11, Mississippi 28, New Mexico 8, New York 65, Ohio 32, Rhode Island 8, Utah 4, Vermont 3, Washington 17.

Ophthalmia neonatorum (033, 765) For reported cases of "Conjunctivitis" see table: Arizona 5, Arkansas 1, Florida 5, Georgia 1, Illinois 45, Louisiana 3, Maryland 2, Massachusetts 62, Michigan 8, Mississippi 12, New Jersey 2, New York 5, Ohio 130, Pennsylvania 2, South Carolina 1, Tennessee 2, Texas 19, West Virginia 87, Wisconsin 2.

Pellagra (281): Alabama 4, Arkansas 2, Georgia 14, New Mexico 2, Oklahoma 3, Tennessee 3, Virginia 1, Virgin Islands 1.

Plague (058): New Mexico 1.

Psittacosis (096.2): New York 1, Ohio 3.

Rabies (094): Tennessee 2.

Relapsing Fever (071): Nevada 1, Texas 6.

Rickettsialpox (108): New York City 34.

Ringworm of the Scalp (131, part): Arkansas 1, Connecticut 14, Florida 2, Georgia 42, Illinois 669, Indiana 1, Iowa 66, Kansas 6, Kentucky 87, Minnesota 2, Missouri 4, Montana 3, Nevada 6, New Mexico 1, Ohio 85, Oklahoma 16, Oregon 32, Pennsylvania 32, South Carolina 3, Utah 6, Virginia 34, Washington 258, Wyoming 1, Alaska 6.

Scabies (135): Idaho 18, Indiana 1, Kansas 23, Kentucky 75, Michigan 190, Missouri 2, Montana 2, Nevada 9, North Dakota 8, Ohio 35, Pennsylvania 235, Wyoming 3, Alaska 6.

Schistosomiasis (123): New York 14.

Vincent's infection (070): Colorado 27, Florida 17, Georgia 9, Idaho 7, Illinois 24, Indiana 3, Kansas 10, Kentucky 11, Maryland 6, Montana 2, Nevada 8, New Hampshire 2, Ohio 5, Oklahoma 29, South Dakota 2, Tennessee 16, Vermont 116, Washington 121.

Weil's disease (072): California 2, Louisiana 1, Michigan 5, Montana 1, Pennsylvania 1.

* * *

Rabies in animals: Alabama 98, Arizona 3, Arkansas 37, California 12, Colorado 87, Florida 19, Georgia 133, Illinois 36, Indiana 114, Iowa 52, Kansas 9, Kentucky 203, Louisiana 19, Michigan 42, Minnesota 1, Mississippi 35, New Jersey 5, New Mexico 3, New York 179, Ohio 113, Oklahoma 35, Pennsylvania 21, South Carolina 83, Tennessee 82, Texas 361, Virginia 19, West Virginia 115.

INCIDENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

REPORTS FROM STATES FOR WEEK ENDED MAY 20, 1950

Influenza

Reported cases of influenza continued to decrease from the preceding week but remained above the 5-year (1945-49) median. For the current week, 1,917 cases of influenza were reported, as compared with 2,492 for the previous week and 1,317 for the corresponding week in 1949. The 5-year median was 1,100. The cumulative total for the first 20 weeks of the year was 238,219, which may be compared with the corresponding total of 69,850 for the same period last year and 294,233 for 1947, the highest on record for the past 5 years. The corresponding 5-year median was 132,320.

Other Reportable Diseases

The incidence of whooping cough continued to increase over the previous week from 2,867 to 3,018 cases reported for the week. The total for the corresponding week last year was 1,197 and the 5-year (1945-49) median was 2,026. The cumulative total for the first 20 weeks of the year was 52,995, which may be compared with the corresponding total of 20,291 for the same period last year and 55,715 for 1947, the highest on record for the past 5 years. The corresponding 5-year median was 42,016.

On a cumulative basis for 20 weeks of this year, reported cases of meningococcal meningitis numbered 1,850, as compared with 1,668 for the corresponding period in 1949 and 1,760 for the 5-year (1945-49) median. Also, on a cumulative basis for 20 weeks of this year, reported incidence of tularemia was 403, as compared with the 5-year median of 361. For the corresponding period of 1949, 478 cases were reported.

Of the 4 cases of anthrax reported, 3 occurred in Pennsylvania and 1 in Massachusetts. No smallpox was reported in the United States.

Reported cases of poliomyelitis numbered 94 for the current week, as compared with 102 last week and 101 for the corresponding period last year. Included in the current week's total for poliomyelitis, Texas reported 38 cases; California, 16 cases.

Telegraphic case reports from State health officers for the week ended May 20, 1950

(Leaders indicate that no cases were reported)

Division and State	Diphtheria	Encephalitis, infectious	Influenza	Measles	Menigitis, meningococcal	Pneumonia	Polio-myelitis	Rocky Mountain spotted fever	Scarlet fever	Small-pox	Tularemia	Typhoid and paratyphoid fever	Whooping cough	Rabies in animals
NEW ENGLAND														
Maine	-----	-----	16	19	-----	10	-----	-----	4	-----	-----	-----	22	-----
New Hampshire	-----	-----	-----	11	-----	-----	-----	-----	-----	-----	-----	-----	2	-----
Vermont	-----	-----	-----	24	-----	-----	-----	-----	-----	-----	-----	-----	13	-----
Massachusetts	4	2	-----	566	-----	-----	1	-----	151	-----	-----	1	144	-----
Rhode Island	-----	-----	-----	8	-----	6	-----	-----	5	-----	-----	-----	87	-----
Connecticut	-----	-----	1	242	-----	33	1	-----	18	-----	-----	-----	93	-----
MIDDLE ATLANTIC														
New York	4	1	-----	1,644	2	232	1	-----	3161	-----	-----	3	138	15
New Jersey	-----	2	21	1,722	1	33	2	1	44	-----	-----	-----	134	-----
Pennsylvania	4	-----	-----	1,021	6	96	4	-----	134	-----	-----	-----	171	9
EAST NORTH CENTRAL														
Ohio	1	-----	8	1,002	6	89	-----	-----	162	-----	-----	-----	245	7
Indiana	-----	1	-----	540	2	9	-----	-----	45	-----	-----	-----	38	22
Illinois	-----	-----	14	1,339	4	146	-----	-----	39	-----	1	-----	80	5
Michigan	-----	-----	4	1,744	5	50	2	-----	120	-----	-----	-----	207	7
Wisconsin	2	1	53	949	5	9	3	-----	36	-----	-----	1	102	1
WEST NORTH CENTRAL														
Minnesota	2	-----	5	287	1	6	-----	-----	14	-----	-----	-----	44	-----
Iowa	1	-----	-----	256	1	2	1	-----	6	-----	-----	-----	25	21
Missouri	2	-----	3	98	8	28	1	-----	11	-----	-----	3	40	-----
North Dakota	1	1	20	1	1	21	-----	-----	2	-----	-----	-----	1	-----
South Dakota	1	-----	-----	47	-----	-----	2	-----	2	-----	-----	-----	4	-----
Nebraska	1	-----	7	300	-----	5	2	-----	10	-----	-----	-----	5	-----
Kansas	2	2	-----	35	2	22	-----	-----	7	-----	-----	-----	46	2
SOUTH ATLANTIC														
Delaware	-----	-----	-----	11	-----	-----	-----	-----	4	-----	-----	-----	7	-----
Maryland	1	-----	1	103	1	33	1	-----	17	-----	-----	2	59	-----
District of Columbia	-----	-----	-----	57	-----	13	-----	-----	3	-----	-----	-----	3	-----
Virginia	1	-----	349	174	1	68	1	3	22	-----	-----	-----	114	3
West Virginia	-----	-----	43	195	4	-----	-----	-----	7	-----	-----	2	64	2
North Carolina	5	-----	-----	180	4	-----	1	1	8	-----	-----	-----	70	-----
South Carolina	2	-----	3	77	1	-----	-----	-----	4	-----	-----	1	19	10
Georgia	2	-----	48	75	-----	19	-----	-----	5	-----	2	-----	32	10
Florida	-----	-----	1	146	-----	14	1	-----	2	-----	-----	-----	6	1

See footnotes, p. 708.

Telegraphic case reports from State health officers for the week ended May 20, 1950—Continued

(Leaders indicate that no cases were reported)

Division and State	Diphtheria	Encephalitis, infectious	Influenza	Measles	Menigitis, meningococcal	Pneumonia	Polio-myelitis	Rocky Mountain spotted fever	Scarlet fever	Small-pox	Tularemia	Typhoid and paratyphoid fever ¹	Whooping cough	Rabies in animals
EAST SOUTH CENTRAL														
Kentucky.....	1	.....	17	266	.....	15	1	1	13	.....	.....	2	44	9
Tennessee.....	7	.....	18	189	1	.....	1	3	9	.....	.....	.....	65	3
Alabama.....	1	.....	62	37	.....	32	5	.....	7	.....	.....	1	33	4
Mississippi.....	2	.....	6	33	.....	23	3	.....	3	.....	2	1	3	1
WEST SOUTH CENTRAL														
Arkansas.....	2	.....	91	63	.....	26	2	.....	1	.....	4	1	66	2
Louisiana.....	.....	1	.....	29	.....	8	.....	.....	.....	.....	.....	.....	5	.....
Oklahoma.....	1	.....	40	15	.....	37	1	.....	9	.....	1	1	22	2
Texas.....	16	.....	876	727	5	287	38	.....	21	.....	2	10	291	24
MOUNTAIN														
Montana.....	.....	.....	.....	88	.....	1	.....	1	8	.....	3	.....	26	.....
Idaho.....	.....	.....	19	177	.....	.....	.....	.....	5	.....	.....	.....	20	.....
Wyoming.....	.....	.....	24	24	1	1	.....	.....	6	.....	.....	.....	4	.....
Colorado.....	2	1	22	168	1	15	.....	.....	12	.....	.....	.....	11	.....
New Mexico.....	.....	.....	9	9	.....	4	1	.....	5	.....	.....	1	32	.....
Arizona.....	1	2	121	37	.....	33	1	.....	15	.....	2	.....	66	.....
Utah.....	.....	.....	2	240	.....	1	.....	.....	3	.....	1	.....	25	.....
Nevada.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
PACIFIC														
Washington.....	.....	.....	3	224	1	.....	.....	.....	31	.....	.....	.....	84	.....
Oregon.....	.....	.....	54	10	.....	23	.....	.....	7	.....	.....	3	41	.....
California.....	3	.....	8	707	4	25	16	.....	82	.....	.....	10	140	3
Total	72	14	1,917	15,846	68	1,491	94	11	1,280	.....	16	47	3,018	164
Median, 1946-49.....	201	8	1,166	23,635	86	.....	83	42	1,897	.....	20	62	2,026	.....
Year to date 20 weeks	2,695	262	4,238,219	192,169	1,850	48,352	1,781	42	33,370	.....	403	955	42,985	3,088
Median, 1946-49.....	2,217	165	1,322,520	333,154	1,760	.....	880	52	30,861	.....	361	933	42,016	.....
Seasonal low week ends.....	July 9	.....	July 30	Sept. 3	Sept. 17	.....	.....	.....	.....	.....	.....	.....	.....	.....
Since seasonal low week.....	6,968	.....	4,268,749	211,269	2,783	.....	647	.....	77,547	.....	.....	.....	.....	.....
Median, 1944-45 to 1948-49.....	12,783	.....	176,878	428,100	2,732	.....	344	.....	.....	.....	.....	526	71,899	.....

¹ Including cases reported as salmonellosis.

² New York City only.

³ Including cases reported as streptococcal sore throat.

⁴ Figures for California estimated by county health officers to have occurred in Kentucky during the period Jan. 1 to Apr. 8, 1950, and 4,000 cases estimated to have occurred in Jones County, Iowa.

⁵ Deduction: Kentucky, week ended Mar. 18, 1 case.

⁶ Deduction: Mississippi, week ended Apr. 22, 1 case.

⁷ Deduction: Massachusetts 1 case, and Pennsylvania 5 cases.

⁸ Alaska: Influenza pneumonia 1 case.

Hawaii: Influenza 2, measles 1, poliomyelitis 1.

FOREIGN REPORTS

CANADA

Provinces—Notifiable diseases—Week ended May 6, 1950.—Cases of certain notifiable diseases were reported by the Dominion Bureau of Statistics of Canada as follows:

Disease	New-found-land	Prince Edward Island	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	British Columbia	Total
Brucellosis						2			1		3
Chickenpox			11		149	256	24	11	37	127	615
Diphtheria					3						3
Dysentery, bacillary						1	1			1	3
Encephalitis, infectious						1			1		2
German measles			76		15	1,422	2	78	97	374	2,064
Influenza			16			30	14				60
Measles			1	3	506	560	92	87	40	233	1,522
Meningitis, meningococcal										1	1
Mumps			70		204	422	3	67	99	290	1,155
Poliomyelitis							1	1			2
Scarlet fever			2		75	36		15	42	31	201
Tuberculosis (all forms)	20		2	7	101	36	9	3	26	37	241
Typhoid and paratyphoid fever					8	1				3	12
Venereal diseases:											
Gonorrhea	2		11	7	101	42	8	14	24	122	331
Syphilis	1	2	5	7	69	25	5	8	1	29	152
Other forms							1			2	3
Whooping cough	1		2		94	95	6	1		69	268

REPORTS OF CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER RECEIVED DURING THE CURRENT WEEK

Note.—The following reports include only items of unusual incidence or of special interest and the occurrence of these diseases, except yellow fever, in localities which had not recently reported cases. All reports of yellow fever are published currently.

A table showing the accumulated figures for these diseases for the year to date is published in the PUBLIC HEALTH REPORTS for the last Friday in each month.

Cholera

India.—During the week ended May 6, 1950, 492 cases of cholera (with 325 deaths) were reported in Calcutta, and 490 cases were reported during the week ended May 13.

Pakistan.—During each of the two weeks ended April 29 and May 6, 1950, respectively, 5 fatal cases of cholera were reported in Chittagong.

Plague

Belgian Congo.—On May 3, 1950, 1 fatal case of plague was reported

Telegraphic case reports from State health officers for the week ended May 20, 1950—Continued

(Leaders indicate that no cases were reported)

Division and State	Diphtheria	Erysipelas, infectious	Influenza	Measles	Menigitis, meningococcal	Pneumonia	Polio-myelitis	Rocky Mountain spotted fever	Scarlet fever	Small-pox	Tularemia	Typhoid and paratyphoid fever ¹	Whooping cough	Rabies in animals
EAST SOUTH CENTRAL														
Kentucky.....	1	—	17	295	—	15	1	1	13	—	—	2	44	9
Tennessee.....	7	—	18	189	1	—	—	3	9	—	—	—	65	3
Alabama.....	1	—	62	37	—	32	5	—	7	—	—	1	33	4
Mississippi.....	2	—	6	33	—	23	3	—	3	—	2	1	3	1
WEST SOUTH CENTRAL														
Arkansas.....	2	—	91	63	—	26	2	—	1	—	4	1	66	2
Louisiana.....	—	1	—	29	—	8	—	—	—	—	—	—	5	—
Oklahoma.....	1	—	40	15	—	37	1	—	9	—	—	1	22	2
Texas.....	16	—	876	727	5	287	38	—	21	—	2	10	294	24
MOUNTAIN														
Montana.....	—	—	—	58	—	1	—	1	8	—	3	—	26	—
Idaho.....	—	—	19	177	—	—	—	—	6	—	—	—	20	—
Wyoming.....	—	—	—	24	—	1	—	—	5	—	—	—	4	—
Colorado.....	2	1	22	168	1	15	1	—	12	—	—	—	11	—
New Mexico.....	—	—	—	9	—	4	1	—	5	—	—	1	32	—
Arizona.....	1	2	121	37	—	33	1	—	15	—	—	2	66	—
Utah.....	—	—	2	240	—	1	—	—	3	—	1	—	29	—
Nevada.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
PACIFIC														
Washington.....	—	—	3	224	1	—	—	—	31	—	—	—	84	—
Oregon.....	—	—	54	10	—	23	—	1	7	—	—	3	41	—
California.....	3	—	8	707	4	25	16	—	82	—	—	10	140	3
Total.....	72	14	1,917	15,846	68	1,491	94	11	1,280	—	16	47	3,018	164
Median, 1945-49.....	201	8	1,100	23,035	86	—	83	18	1,897	6	20	62	2,026	—
Year to date 20 weeks.....	2,695	262	238,219	192,169	1,850	48,352	1,781	42	33,370	127	403	955	52,965	3,088
Median, 1945-49.....	5,217	166	132,320	393,154	1,760	880	52	50,861	50,861	351	361	993	42,016	—
Seasonal low week ends.....	27th July	—	30th July	33rd Sept.	37th Sept.	33rd Sept.	11th Mar.	18 Mar.	13 Aug.	3 Sept.	—	(11th Mar.)	(39th Oct.)	—
Since seasonal low week.....	9 July	—	30 July	3 Sept.	17 Sept.	—	—	—	—	—	—	—	—	—
Median, 1944-45 to 1948-49.....	12,783	—	175,878	428,100	2,732	—	344	—	77,547	181	—	520	71,899	—

¹ Including cases reported as salmonellosis.
² New York City only.
³ Including cases reported as streptococcal sore throat.
⁴ Excludes 40,290 cases estimated by county health officers to have occurred in Kentucky during the period Jan. 1 to Apr. 8, 1950, and 4,000 cases estimated to have occurred in Jones County, Iowa.
⁵ Deduction: Kentucky, week ended Mar. 18, 1 case.
⁶ Deduction: Mississippi, week ended Apr. 22, 1 case.
⁷ Anthrax: Massachusetts 1 case, and Pennsylvania 3 cases.
⁸ Alaska: Influenza 5, pneumonia 1.
⁹ Hawaii: Influenza 2, measles 1, poliomyelitis 1.

FOREIGN REPORTS

CANADA

Provinces—Notifiable diseases—Week ended May 6, 1950.—Cases of certain notifiable diseases were reported by the Dominion Bureau of Statistics of Canada as follows:

Disease	New-found-land	Prince Edward Island	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	British Columbia	Total
Brucellosis.....						2			1		3
Chickenpox.....			11		149	256	24	11	37	127	615
Diphtheria.....					3						3
Dysentery, bacillary.....						1	1			1	3
Encephalitis, infectious.....						1			1		2
German measles.....			76		15	1,422	2	78	97	374	2,064
Influenza.....			16		30	30	14				60
Measles.....			1	3	506	560	92	87	40	233	1,522
Meningitis, meningococcal.....										1	1
Mumps.....			70		204	422	3	67	99	290	1,155
Poliomyelitis.....							1				2
Scarlet fever.....			2		75	36		15	42	31	201
Tuberculosis (all forms).....	20		2	7	101	36	9	3	26	37	241
Typhoid and paratyphoid fever.....					8	1				3	12
Veneral diseases:											
Gonorrhea.....	2		11	7	101	42	8	14	24	122	331
Syphilis.....	1	2	5	7	69	25	5	8	1	29	152
Other forms.....							1			2	3
Whooping cough.....	1		2		94	95	6	1		69	268

REPORTS OF CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER RECEIVED DURING THE CURRENT WEEK

Note.—The following reports include only items of unusual incidence or of special interest and the occurrence of these diseases, except yellow fever, in localities which had not recently reported cases. All reports of yellow fever are published currently.

A table showing the accumulated figures for these diseases for the year to date is published in the PUBLIC HEALTH REPORTS for the last Friday in each month.

Cholera

India.—During the week ended May 6, 1950, 492 cases of cholera (with 325 deaths) were reported in Calcutta, and 490 cases were reported during the week ended May 13.

Pakistan.—During each of the two weeks ended April 29 and May 6, 1950, respectively, 5 fatal cases of cholera were reported in Chittagong.

Plague

Belgian Congo.—On May 3, 1950, 1 fatal case of plague was reported

in Buleka, northeast of Lubero, Costermansville Province, Belgian Congo.

Burma.—During the week ended May 6, 1950, 1 fatal case of plague was reported in Rangoon.

Smallpox

Chile.—In the recent outbreak of smallpox in Chile, 2,847 cases were reported as of May 3. Provinces reporting the largest numbers of cases were Malleco 971 and Concepcion 792. During the period April 16–29, 49 cases were reported in the city of Santiago.

Gold Coast.—During the period April 8–May 5, 1950, 54 cases of smallpox, with 15 deaths, were reported in Gold Coast. Of this number 31 cases, 11 deaths, occurred in the Accra area.

Nigeria.—During the 5-week period ended April 1, 1950, 3,799 cases of smallpox were reported in Nigeria. For the week ended April 8, 850 cases were reported.

Typhus Fever

Afghanistan.—For the period March 1–31, 1950, 254 cases of typhus fever were reported in Afghanistan.

India.—During the period March 12–April 8, 1950, 136 cases of typhus fever, with 44 deaths, were reported in Jammu and Kashmir.

Spain.—During the week ended March 25, 1950, 2 cases of typhus fever were reported in Madrid, and 2 cases were reported in the city of Segovia during the week ended April 15.

Yellow Fever

Colombia.—During the period April 5–7, 1950, 2 fatal cases of yellow fever were reported at Putumayo Commissary, Mocoa Locality.

DEATHS DURING WEEK ENDED MAY 20, 1950

	Week ended May 20, 1950	Corresponding week, 1949
Data for 93 large cities of the United States:		
Total deaths.....	8,866	8,857
Median for 3 prior years.....	8,857	-----
Total deaths, first 20 weeks of year.....	194,841	192,659
Deaths under 1 year of age.....	566	500
Median for 3 prior years.....	590	-----
Deaths under 1 year of age, first 20 weeks of year.....	12,396	13,003
Data from industrial insurance companies:		
Policies in force.....	69,801,636	70,403,458
Number of death claims.....	12,326	12,276
Death claims per 1,000 policies in force, annual rate.....	9.2	9.1
Death claims per 1,000 policies, first 20 weeks of year, annual rate.....	10.0	9.7

×

* * *

The printing of this publication has been approved by the Director of the Bureau of the Budget (August 10, 1949).

The PUBLIC HEALTH REPORTS, first published in 1878 under authority of an act of Congress of April 29 of that year, is issued weekly by the Public Health Service through the Division of Public Health Methods, pursuant to the following authority of law: United States Code, title 42, sections 241, 245, 247; title 44, section 220.

It contains (1) current information regarding the incidence and geographic distribution of communicable diseases in the United States, insofar as data are obtainable, and of cholera, plague, smallpox, typhus fever, yellow fever, and other important communicable diseases throughout the world; (2) articles relating to the cause, prevention, and control of disease; (3) other pertinent information regarding sanitation and the conservation of the public health.

The PUBLIC HEALTH REPORTS is published primarily for distribution, in accordance with the law, to health officers, members of boards or departments of health, and other persons directly or indirectly engaged in public health work. Articles of special interest are issued as reprints or as supplements, in which forms they are made available for more economical and general distribution.

Requests for and communications regarding the PUBLIC HEALTH REPORTS, reprints, or supplements should be addressed to the Surgeon General, Public Health Service, Washington 25, D. C. Subscribers should remit direct to the Superintendent of Documents, Washington 25, D. C.

Librarians and others should preserve their copies for binding, as the Public Health Service is unable to supply the general demand for bound copies. Indexes will be supplied upon request.

* * *

UNITED STATES GOVERNMENT PRINTING OFFICE, WASHINGTON, D. C. : 1950

For sale by the Superintendent of Documents, United States Government Printing Office, Washington 25, D. C. Price 10 cents. Subscription price \$4.00 a year.

an
ue

ses
ers
od

of
his

99
ed

us

of
ir.
us
ty

OW

ing
9

857
659
590
003

458
276
9.1
9.7

50

10 P70

Room

SOCIAL SCIENCES